52-year-old male with 4 months of persistent dry cough and exercise intolerance

Todd Costello, MS3

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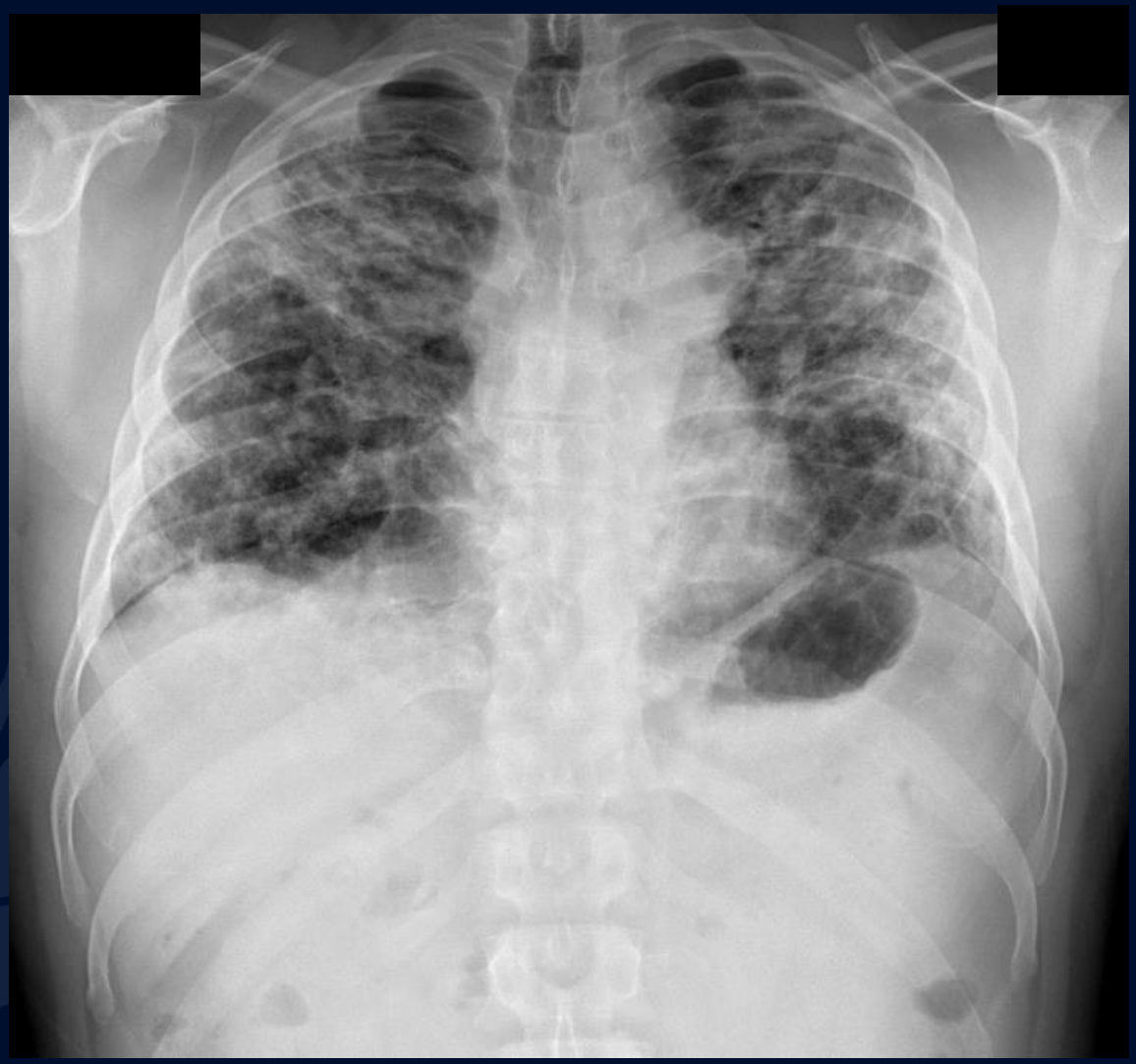
PA Radiograph



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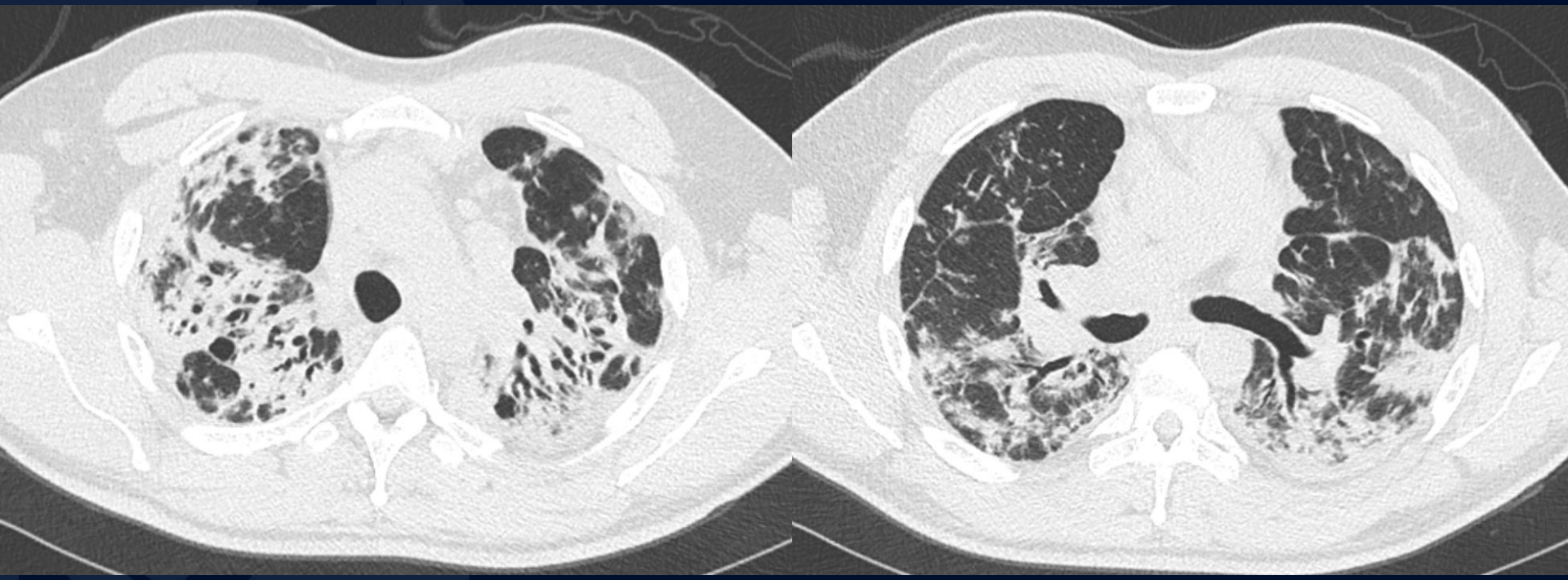
High Resolution Chest CT



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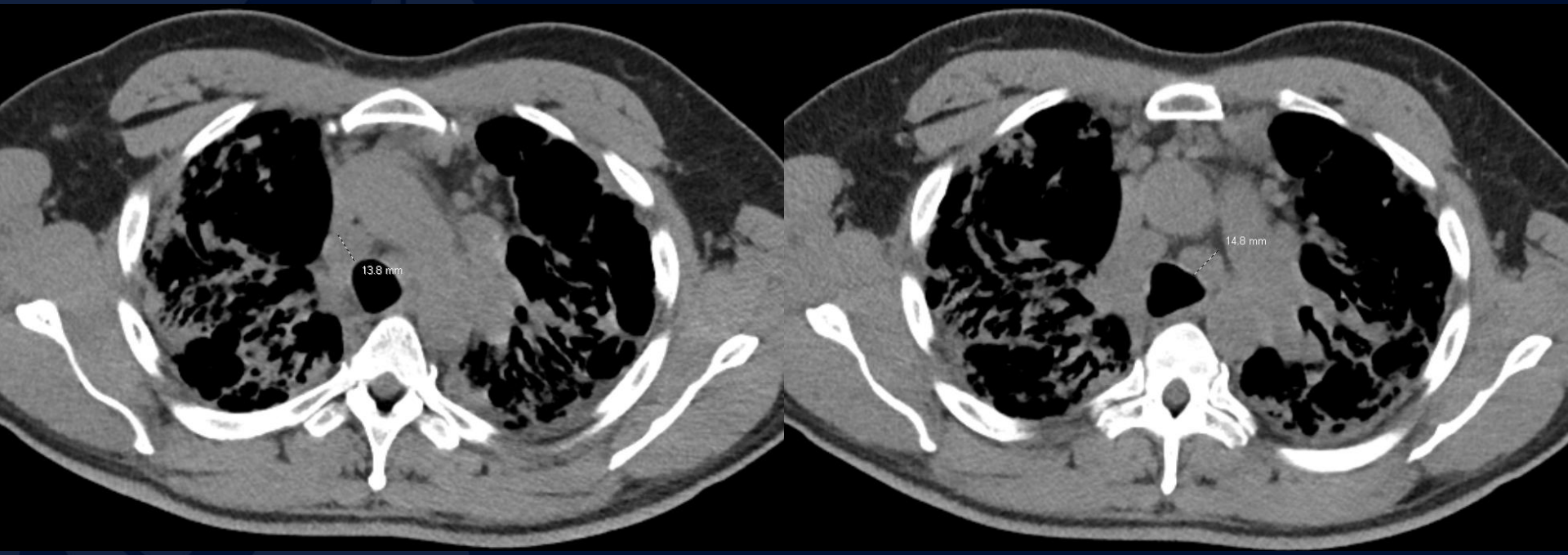
CT without contrast



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Sarcoidosis

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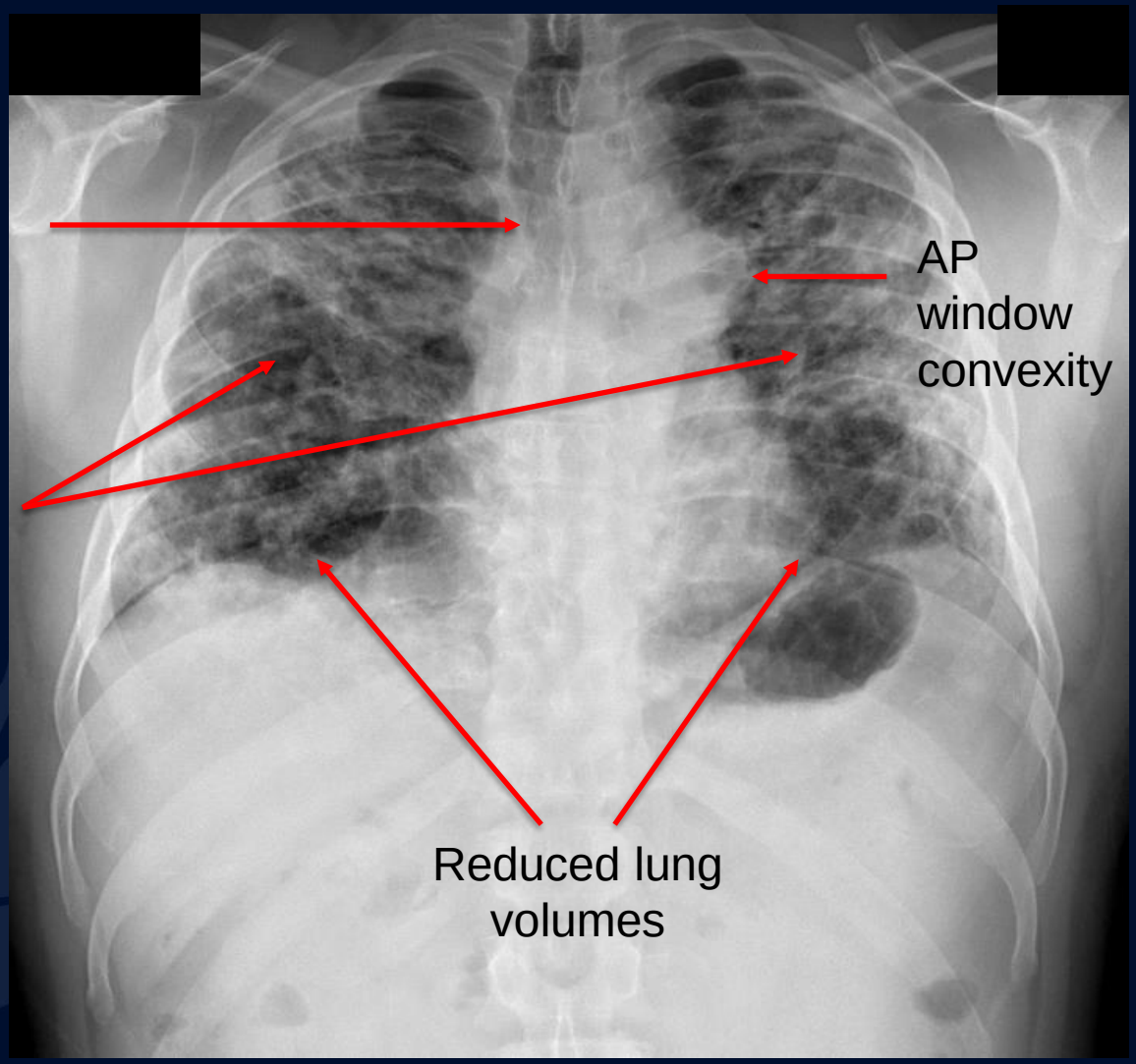
PA Radiograph

Thickened paratracheal stripe

Diffuse interstitial thickening with distorted parenchymal architecture



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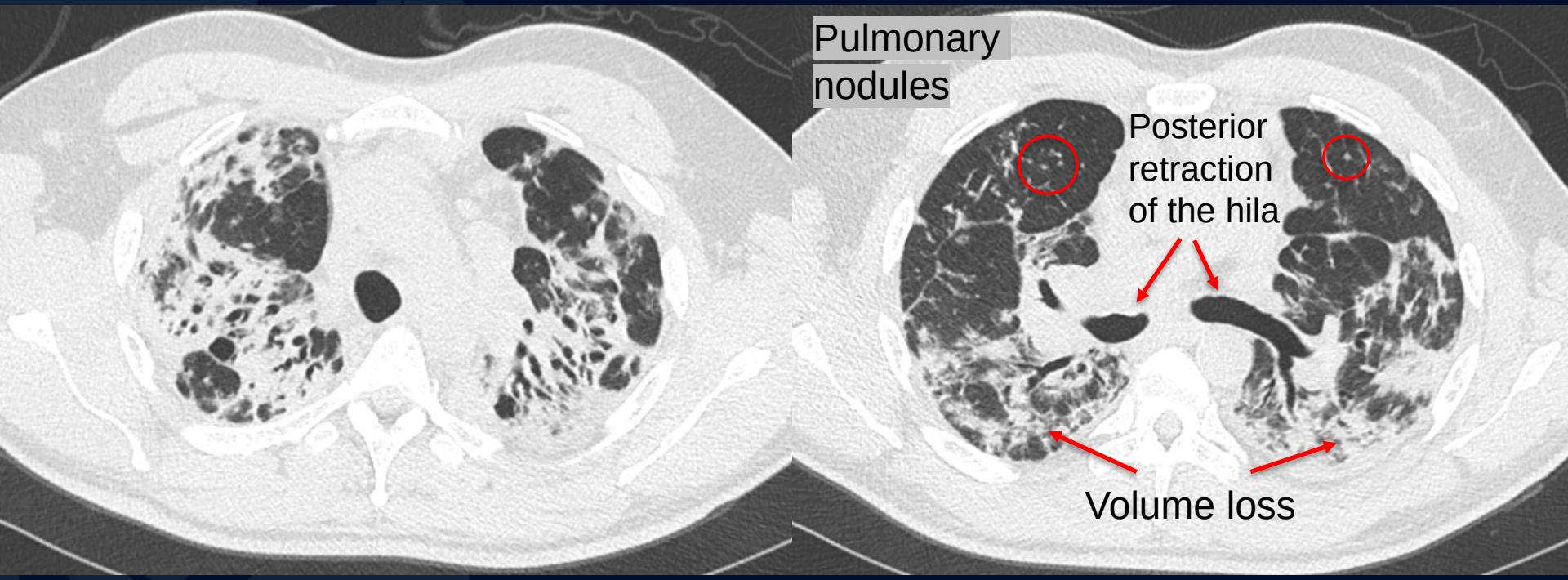
High Resolution Chest CT



Massive pulmonary fibrosis

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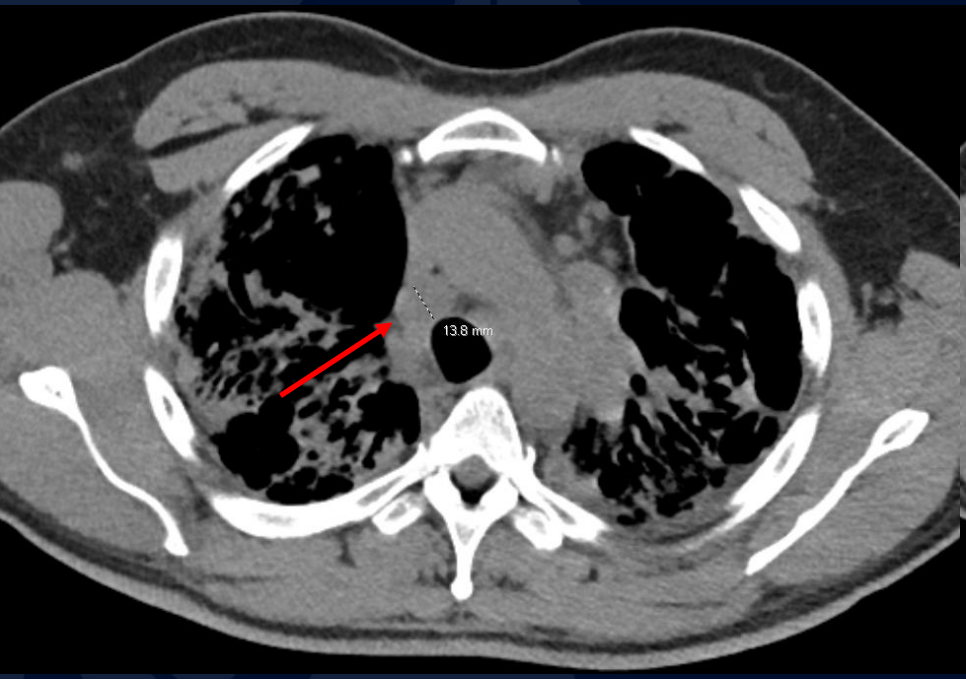
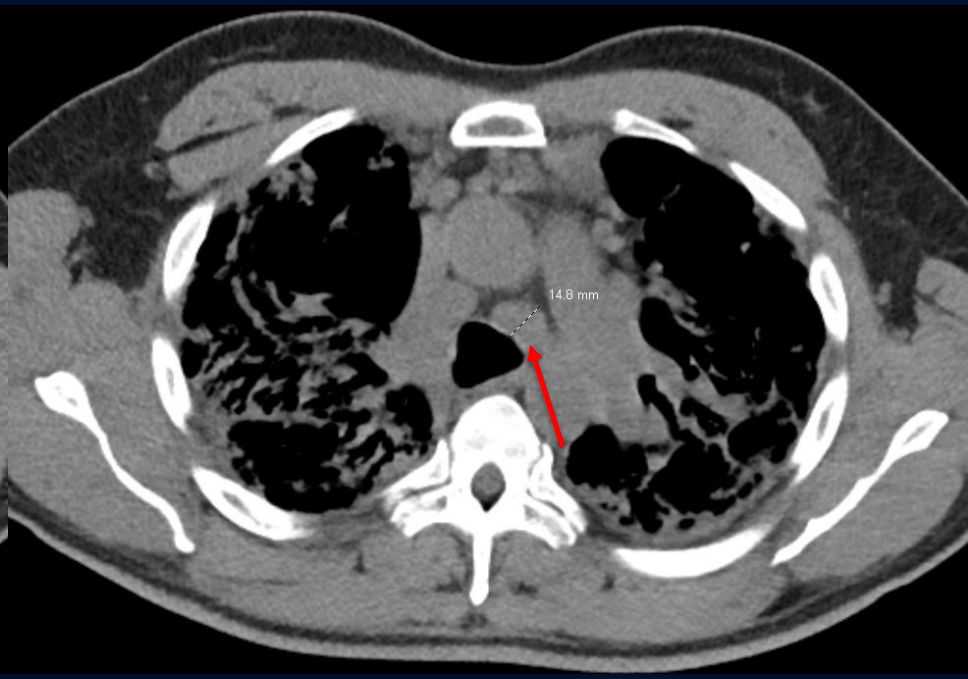
CT without contrast



Paratracheal adenopathy



Hilar adenopathy

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Sarcoidosis

- Sarcoidosis is a multisystem disorder of unknown etiology characterized by the development of noncaseating granulomas in various organs.
- Clinical features of pulmonary sarcoidosis (dry cough, dyspnea on exertion, chest pain) are often nonspecific, so imaging is essential to diagnosis.
- Lung involvement can result in architectural distortion of the lungs and progressive loss of pulmonary function.
- About 10%-30% of patients with sarcoidosis develop progressive pulmonary disease, and more than 60% of deaths are due to advanced pulmonary sarcoidosis.
- Differential diagnosis: TB, Lymphoma, Hypersensitivity Pneumonitis, Metastasis
- Image findings include symmetric hilar lymphadenopathy, mediastinal lymphadenopathy (especially involving the right paratracheal and AP window nodal stations), micronodules in perilymphatic distribution, and pulmonary fibrosis.

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References

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- Ganeshan, D., Menias, C. O., Lubner, M. G., Pickhardt, P. J., Sandrasegaran, K., & Bhalla, S. (2018). Sarcoidosis from Head to Toe: What the Radiologist Needs to Know. *Radiographics*, *38*(4), 1180–1200. https://doi.org/10.1148/rg.2018170157

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